

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (SEE WITH FORM PTO-875)				SERIAL NO.	FILING DATE			
				APPLICANT(S)		09/485245		
				CLAIMS				
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1	/	/			51			
2	/	/			52			
3	2	/			53			
4	6	/			54			
5	6	/			55			
6	6	/			56			
7					57			
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38					88			
39					89			
40					90			
41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.	6				TOTAL IND.			
TOTAL DEP.	6	←	←	←	TOTAL DEP.	←	←	←
TOTAL CLAIMS	7				TOTAL CLAIMS			